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PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                    |                          |                        |
|---|--------------------|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |                    | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>  |                    | Application Number       | 09/813,955-Conf. #2838 |
|   |                    | Filing Date              | March 22, 2001         |
|   |                    | First Named Inventor     | Stephane BERCHE        |
|   |                    | Examiner Name            | C. R. Kim              |
|   |                    | Art Unit                 | 2624                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |                    | Attorney Docket No.      | 0142-0353P             |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 120.00 |                          |                        |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____  |  |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                            |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments  |

|   |                     |   |                                |                      |                                  |                       |                              |
|---|---------------------|---|--------------------------------|----------------------|----------------------------------|-----------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                |                      |                                  |                       |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                |                      |                                  |                       |                              |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>             |                      | <b>EXAMINATION FEES</b>          |                       |                              |
|   |                     | <b>Small Entity</b>                                     |                                | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                              |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>                | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b>        |
| Utility   | 300                 | 150   | 500                            | 250                  | 200                              | 100                   |                              |
| Design  | 200                 | 100   | 100                            | 50                   | 130                              | 65                    |                              |
| Plant   | 200                 | 100   | 300                            | 150                  | 160                              | 80                    |                              |
| Reissue   | 300                 | 150   | 500                            | 250                  | 600                              | 300                   |                              |
| Provisional   | 200                 | 100   | 0                              | 0                    | 0                                | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                |                      |                                  |                       |                              |
|   |                     |   |                                |                      |                                  | <b>Fee (\$)</b>       | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)   |                     |   |                                |                      |                                  | 50                    | 25                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                                |                      |                                  | 200                   | 100                          |
| Multiple dependent claims   |                     |   |                                |                      |                                  | 360                   | 180                          |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                              |
| 17  |                     | - 22 =  | x                              | =                    |                                  |                       |                              |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                |                      |                                  | <b>Fee (\$)</b>       | <b>Fee Paid (\$)</b>         |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> |                                  |                       |                              |
| 3   |                     | - 3 =   | x                              | =                    |                                  |                       |                              |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                |                      |                                  |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                |                      |                                  |                       |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                                |                      |                                  |                       |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> |                                  |                       |                              |
|   | - 100 =             | /50 =   | (round up to a whole number) x | =                    |                                  |                       |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                |                      |                                  |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                                |                      |                                  | <b>Fees Paid (\$)</b> |                              |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                     |   |                                |                      |                                  | 120.00                |                              |

|                     |                 |                                   |                |
|---------------------|-----------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                 |                                   |                |
| Signature           |                 | Registration No. (Attorney/Agent) | 40,953         |
| Name (Print/Type)   | Esther H. Chong | Telephone                         | (703) 205-8012 |
|                     |                 | Date                              | May 25, 2007   |



PTO/SB/22 (04-07)

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|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>0142-0353P |                         |
| <b>Application Number</b> 09/813,955-Conf. #2838  |   | <b>Filed</b> March 22, 2001                   |                         |
| For Method of recognizing and indexing documents  |   |   |                         |
| <b>Art Unit</b> 2624  |   | <b>Examiner</b> C. R. Kim                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>                                    | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120   | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,953   |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |   |                         |
| _____<br>Signature  |   | _____<br>May 25, 2007<br>Date                 |                         |
| _____<br>Esther H. Chong<br>Typed or printed name   |   | _____<br>(703) 205-8012<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |   |                         |

05/29/2007 JADD01 00000098 022448 09813955

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